

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 579384

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	2		1			
7	1		1			
8	0		1			
9	0		1			
10	0		1			
11	0		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	2		1			
18	1		1			
19	0		1			
20	0		1			
21	0		1			
22	0		1			
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TOTAL IND.			2			
TOTAL DEP.		22				
TOTAL CLAIMS		24				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						